ATT-107 (Rev. 2/06)

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GEORGIA DEPARTMENT OF REVENUE ALCOHOL & TOBACCO DIVISION P.O. BOX 49728 ATLANTA, GEORGIA 30359

SPECIAL ORDER SHIPPING LICENSE APPLICATION

Legal Business Name:		
Business Mailing Address:		
City:	State:	Zip + 4:
Phone Number: ()		Fax Number: ()
Internet Address: http://www.		
Trade Name / DBA Name:		
Business Location Address:		
City:	State:	Zip + 4:
Type of Ownership:	Partnership	☐ Corporation ☐ LLC ☐ LP ☐ LLP
Check, where appropriate, if this winery is represented <u>within</u> the State of Georgia by any of the following: Wholesale Distributor Broker Other (Explain)		
Ownership Section:		
<u>NAME</u>	<u>TITLE</u>	SOCIAL SECURITY #
Attach to this application: (1) a copy of your Federal Basic Wine Manufacturing Permit; (2) Form ATT-104SP, "Brands/Labels To Be Shipped Under Special Order Shipping License" accompanied by a copy of the BATF label approval for each brand being registered; and (3) if applicable, a copy of your registration or application with the Georgia Secretary of State to do business in Georgia.		
No holder of a Special Order Shipping License shall ship any wine into the State of Georgia that is otherwise registered and designated in the State of Georgia or to a person that is licensed in any capacity under the Georgia Alcoholic Beverage Code. No holder of a Special Order Shipping License shall ship more than 50 cases of wine of one brand or a combination of brands into this State or in excess of 5 cases of wine of one brand or a combination of brands to any one consumer or address per calendar year.		
Mail completed application and a check for \$50.00 made payable to the GEORGIA DEPARTMENT OF REVENUE to the ALCOHOL & TOBACCO DIVISION, P. O. BOX 49728, ATLANTA, GA 30359.		
By signing this application, I acknowledge for all information provided is true and correct, and agree to comply with Georgia's Alcoholic Beverage Laws and Regulations. (Must be signed by the owner, a partner, a corporate officer or LLC member listed above in the Ownership Section.)		
Signature	Title	Date